

much. If we add all the Medicaid changes the HELP Committee anticipates, it increases the Federal deficit by more than \$1 trillion at a time when we are already spending about \$500 million a day on interest on the national debt so far this year—\$500 million a day in interest on the national debt so far this year. It too would kill jobs by requiring businesses to either insure all of their employees or pay a tax if they do not. It would levy a tax on those Americans who don't have or cannot afford health insurance. It also fails to reform malpractice laws. It spends billions of dollars on projects unrelated to the crisis at hand. It forces millions of Americans off of their current plans—forces millions of Americans off of their current plans—despite repeated assurances from the administration that it does not. And like the House bill, it creates a nationwide government plan that could lead to the same kind of denial, delay, and rationing of care that we see in other countries.

Health care reform is vital but it is not easy. If the House bill and the HELP bill are any indication, it is certainly not something that should be rushed. Both bills are too expensive, particularly for small businesses and seniors. They are too disruptive of the health care Americans currently have, and they are ineffective in addressing the health care problem in its entirety.

Americans have a right to expect that we will take enough time on this legislation not to make the same mistake we made on the stimulus. The House and Senate bills we have seen this week show we are not there yet, not even close. We need to slow down and let the American people see what they are getting into with these so-called reforms. We all want reform, but we want the right reform.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. CORKER. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the second half.

The Senator from Tennessee.

HEALTH CARE REFORM

Mr. CORKER. Madam President, I rise to speak about where we find ourselves today. This is a momentous time in our country's history, as all of us in both bodies on both sides of the aisle find ourselves focused on the issue of health care reform. In the middle 1990s, I had the tremendous honor of serving the State of Tennessee in a position that allowed me to oversee the State's Medicaid Program and many other programs in our State that focused on the needs of many of the underserved. Since that time, I have been convinced that we, all of us, have a moral responsibility to do everything we can to ensure that Americans of all walks of life have the opportunity for affordable, quality private health insurance.

I have probably attended 50 meetings in the last 90 days working with others toward that end. I am convinced that there are at least 90 people in this body who share the goal of ensuring that Americans of all walks of life have the opportunity for affordable quality health care. It is my hope that we will end up with a bipartisan solution.

I have been disappointed in the results, though, of legislation that has come forward thus far. My sense is that the House of Representatives is promoting a bill that does not meet the mark. The HELP Committee just passed out, on a party-line vote, a bill that, again, does not meet the mark. What concerns me is there are so much that we could agree on, yet we tend to focus on what is out of bounds and does not take us to the place we would all like to be. It is to that end that I rise to talk about this issue.

All of us know that our country has seen unprecedented debt levels. The leader of the Senate Republicans just spoke about that issue. The President in some ways found himself in this place, but on the other hand, since being in office, he has accumulated debt on top of debt for future generations. All of us understand that our biggest obligations exist in entitlements, with Medicare and Social Security. Most of us thought, as we came into this Congress, that one of our major focuses would have to be to get entitlements under control so that while we are doing this unprecedented short-term spending, which I oppose, at least the world community would realize we are trying to tackle our long-term obligations so they would continue to buy our bonds in order that we could go on here in this country.

I hoped strongly we would focus on that, and last Congress we had a bipartisan bill, by the way, supported by Republicans and Democrats, to do that.

What has happened, though—and this is pretty unfathomable to me—is that during health care reform, what has been focused on is Medicare, which has a \$38 trillion unfunded liability, a program where the trustees have said that

it is insolvent and is going to go into the hole in a huge way in 8 years. What is being discussed in this body, and what has already been agreed to by many on the House side, is taking money from Medicare, a program which is insolvent, one that, instead of taking money from, we should be trying to make solvent, but we are taking money from that program to create a whole new set of entitlements that will add incredible amounts of debt to our country's balance sheet.

It is almost unfathomable to believe that people in this body would be looking to make a program that is insolvent even more insolvent by leveraging it to create another program.

For that reason, because I know the Finance Committee is in meetings, in small groups but also as a committee, to try to figure out a way to solve this health care problem—and it is my hope that they will do it in a way that makes sense, in a way that builds bipartisan support—I have delivered today to the majority leader a letter signed by 35 Senators making this body, making the President aware of the fact that we will not support further jeopardizing the Medicare Program by using it to leverage a new entitlement. It is my hope that in delivering this letter, while we have 35 signatures at this moment, there will be more added. While these are all Republican signatures, I actually think there are many on the other side of the aisle who question leveraging an insolvent program for a new program. I have delivered this letter in the hopes that the Finance Committee, the leadership on the Democratic side of the Senate, and the President will seek a solution that is different than taking money from this insolvent program that aids our seniors to create a new entitlement.

One of the most discouraging issues is, it is my understanding—and I hope I am wrong—that the folks who are talking about using Medicare money to create a new entitlement are not even dealing with SGR. Every 18 months, we sit down and discuss the doc fix. Doctors all across the country call us wanting to make sure that their payments are not going to be cut by 21 percent this year. So each year we kick the can down the road and solve that for a year, year and a half, because of budgetary constraints. It is my understanding that what is being discussed at this moment is taking money from Medicare, leveraging a new program which will add increasing debt, and not solving that problem even during the 10-year budget window this legislation will deal with.

Again, I have attended every meeting I have been asked to. I went to the White House yesterday. I met with a bipartisan group last night. I believe that this country does need to figure out a way so that all Americans can access affordable quality health care. I know all Americans are concerned about the cost of health care. I stand here as one Senator committed to

doing that in the right way, but I also stand here with 35 other Senators saying that to do that and make another program that exists more insolvent is not acceptable. I oppose that. I hope that is not used to create a new entitlement.

Madam President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. NELSON of Nebraska. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. NELSON of Nebraska. Madam President, I also ask unanimous consent that the Republican time be preserved.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. NELSON of Nebraska. Madam President, I ask unanimous consent to have about 6 minutes to address the body on national defense.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

NATIONAL DEFENSE AUTHORIZATION ACT

Mr. NELSON of Nebraska. Madam President, I wish to begin my comments on this year's national defense authorization by first thanking all the members of the Personnel Subcommittee. And I particularly would like to thank the subcommittee's ranking member, Senator LINDSEY GRAHAM. He and I have worked together for several years on this subcommittee, changing the chairmanship back and forth, and I have always found our time on the subcommittee is decidedly non-partisan, bipartisan, regardless of who currently chairs it.

All the Members of the Personnel Subcommittee strive to do what is right by servicemembers and their families, and any disagreements we have are minimal, and are always focused on how best to serve those who serve us.

The annual National Defense Authorization Act is one of the most important pieces of legislation that Congress passes every year. It provides authority for everything the Department of Defense does, from the ships and planes it buys, to the pay and compensation of servicemembers, to retirement and disability benefits. So I look forward to this year, once again, passing a Defense Authorization Act for the 48th year in a row.

As in past years, the committee has focused heavily on personnel issues, including taking care of the families of

servicemembers. There is an old axiom in the military that you recruit the soldier but you retain the family. So providing support to those families is more important now than ever before. I am happy with the bill, and I recommend it to my fellow Senators. I wish to emphasize that the committee also voted this bill out of committee unanimously.

The bill before us authorizes \$135.6 billion for military personnel, including pay, allowances, bonuses, death benefits, and permanent change of station moves. The bill contains many important provisions that will improve the quality of life of our men and women in uniform and their families.

First and foremost, the bill would authorize a 3.4-percent pay raise, which is half a percent higher than the increase in the Employment Cost Index and the administration's request and reauthorizes over 25 types of bonuses and special pays aimed at encouraging enlistment and reenlistment.

The bill also addresses the administration's request to increase the permanent end strengths of all the services over last year's authorization. The bill authorizes fiscal year 2010 end strengths of 547,400 for the Army; 202,100 for the Marine Corps; 331,700 for the Air Force; and 328,800 for the Navy. The Active Duty end strength of every service will increase over last year's levels. Moreover, the bill authorizes additional Army Active Duty end strength in fiscal years 2011 and 2012, if needed.

The bill also authorizes pay for travel and transportation expenses for Reserve component members to go home when training has been suspended at their temporary duty station. Operation Airlift, as we call it, came to my attention when members of the 110th Medical Battalion, based in Lincoln, NE, were stranded at Fort Lewis, WA, when training was suspended and the base was shut down for the holidays. Military rules prohibited using military funds to pay for their travel back to Nebraska until training resumed. This measure addresses this problem which has occurred in many other States and to many other reservists and guardsmen and demands that the military commands appropriately plan and schedule training exercises.

The bill also supports the continued provision of world-class health care to our servicemembers and their families, authorizing \$27.9 billion for the Defense Health Program.

The bill authorizes TRICARE standard coverage for National Guard and Reserve retirees previously in an uncovered so-called gray area. The TRICARE gray area retiree measure ensures nearly 225,226 eligible retirees nationwide will have the opportunity to purchase coverage under the military's TRICARE health care program.

In support of our increasing number of wounded warriors, the bill authorizes special compensation for caregivers for the time and assistance they

provide to servicemembers with combat-related catastrophic injuries or illnesses requiring assistance in everyday living. Additional support is provided through this bill which authorizes travel and transportation allowances for nonmedical attendants of very seriously wounded, ill or injured servicemembers.

To ensure we continue to increase the care of our wounded warriors, this bill requires the establishment of a task force to assess the effectiveness of the policies and programs to assist and support the care, management, and transition of recovering wounded, ill, and injured servicemembers.

To help resolve the dire shortage of physicians needed to care for the mental health of combat proven servicemembers, the bill authorizes the Service Secretaries to add up to 25 officers each year as students at accredited schools of psychology for training leading to the degree of doctor of psychology in clinical psychology. In an effort to ensure our servicemembers get the mental health care they need and to help overcome the stigma associated with seeking mental health care, the bill requires person-to-person mental health assessments at designated intervals for servicemembers deployed in connection with contingency operations.

The bill also requires initiatives to increase the number of military and civilian behavioral health personnel at the Department of Defense.

Continuing our efforts to support wounded warriors and their families, the bill requires the Secretary of Defense to undertake a comprehensive assessment of the impacts of military deployment on dependent children of servicemembers, and a review of the mental health care and counseling services available to military children.

Finally, the bill authorizes \$45 million in impact aid to local school districts, including \$5 million for educational services for severely disabled children, and \$10 million for districts experiencing rapid increases in the number of students due to rebasing, activation of new military units or base realignment and closure.

These are just some of the highlights. There were over 60 legislative provisions affecting personnel policy, pay, end strength, health care, and family support. It is paramount we take care of our servicemembers by ensuring their pay and compensation is what it should be, and needs to be, to sustain the All-Volunteer Force and enable them to fight and win the Nation's wars and to take care of them and their families when they return home injured and wounded.

So, again, I would like to thank Senator GRAHAM and all the members of the Personnel Subcommittee of the Armed Services Committee. I look forward to working with our colleagues to pass this extremely important legislation as we continue the process of authorization of the parent bill.